

DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10748071

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	/		/				51				
2	/		/				52				
3							53				
4	/		/				54				
5	/		/				55				
6	/		/				56				
7	/		/				57				
8	/		/				58				
9	/		/				59				
10	X	X	/				60				
11	X	X	/				61				
12	X	X	/				62				
13	X	X	/				63				
14	X	X	/				64				
15	X	X	/				65				
16	X	X	/				66				
17	X	X	/				67				
18	X	X	/				68				
19	X	X	/				69				
20	X	X	/				70				
21	X	X	/				71				
22	X	X	/				72				
23	X	X	/				73				
24	X	X	/				74				
25	X	X	/				75				
26	X	X	/				76				
27	X	X	/				77				
28	X	X	/				78				
29	X	X	/				79				
30	X	X	/				80				
31	X	X	/				81				
32	X	X	/				82				
33	X	X	/				83				
34	X	X	/				84				
35	X	X	/				85				
36	X	X	/				86				
37	X	X	/				87				
38	X	X	/				88				
39	X	X	/				89				
40	X	X	/				90				
41	X	X	/				91				
42	X	X	/				92				
43	X	X	/				93				
44	X	X	/				94				
45	X	X	/				95				
46	X	X	/				96				
47	X	X	/				97				
48	X	X	/				98				
49	X	X	/				99				
50	X	X	/				100				
TOTAL IND.	4		2				TOTAL IND.				
TOTAL DEP.	8		9				TOTAL DEP.				
TOTAL CLAIMS	12		11				TOTAL CLAIMS				

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